

NEW JERSEY'S OPERATION RECOGNITION

WORLD WAR II, KOREAN, AND VIETNAM VETERANS APPLICATION FOR NEW JERSEY HIGH SCHOOL DIPLOMA

SECTION I

VETERAN'S FIRST NAME:	VETERAN'S LAST NAME	VETERAN'S MIDDLE	
SOCIAL SECURITY #:	DATE OF BIRTH:	TELEPHONE #:	
STREET ADDRESS:			
CITY:	STATE:	ZIP:	COUNTY:

SECTION II

NAME AND CITY/STATE OF HIGH SCHOOL THE VETERAN ATTENDED PRIOR TO ENTERING MILITARY SERVICE:

DATE ATTENDED THIS HIGH SCHOOL:	DATE VETERAN ENTERED MILITARY SERVICE:

SECTION III

VETERAN'S BRANCH OF SERVICE ACHIEVED:	HIGHEST RANK:	
DATES OF SERVICE: (Optional)	COPY OF DD214: (Discharge) Attached?	MAIL DIPLOMA:
	YES / NO	YES / NO

SECTION IV

SIGNATURE OF VETERAN APPLYING FOR DIPLOMA:

_____ DATE: _____

SECTION V

COMPLETE ONLY IF APPLYING ON BEHALF OF A DECEASED VETERAN.

NAME, ADDRESS, AND TELEPHONE OF NEXT OF KIN APPLYING FOR NEW JERSEY HIGH SCHOOL DIPLOMA ON BEHALF OF A DECEASED WWII, KOREAN, AND VIETNAM ERA VETERANS.

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

TELEPHONE #:

RELATIONSHIP TO VETERAN:

SIGNATURE OF NEXT OF KIN APPLYING FOR DIPLOMA:

DATE: _____

THIS SECTION TO BE COMPLETED BY NEW JERSEY DEPARTMENT OF MILITARY AND VETERANS AFFAIRS AND BY NEW JERSEY DEPARTMENT OF EDUCATION:

SIGNATURE OF NJ DMAVA OFFICER:

DATE: _____

SIGNATURE OF NJ DOE OR LOCAL SCHOOL DISTRICT OFFICER:

DATE: _____

DIPLOMA ISSUED: _____

Submit completed applications to:

Patricia Richter, Administrative Assistant
Division of Veterans Programs
New Jersey Department of Military & Veterans Affairs
PO Box 340
Trenton, NJ 08625-0340
Phone: (609) 530-6854